

POLICY

It is the policy of the Michigan Department of Human Services Bureau of Juvenile Justice (BJJ) that all youth are screened for risk of suicide behavior at intake into residential facilities and continuously monitored for suicide risk on an ongoing basis.

PURPOSE

This policy sets the minimum standard for all residential facilities to ensure the safety of youths. Each facility has different mental health resources and is best able to delineate a local procedure affecting the use of those resources.

DEFINITIONS

See JRG, JJ Residential Glossary.

**RESPONSIBLE
STAFF**

Designated in the facility standard operating procedure.

PROCEDURE

Each facility is required to develop and implement standard operating procedures (SOPs) pertaining to suicide prevention. At a minimum, these SOPs must contain the following requirements:

**Community
Justice Centers**

In community justice center (CJC) programs, local procedures will provide for the immediate referral of a suicidal youth to a community mental health provider. There should be a service agreement or memorandum of understanding between the CJC and local mental health provider.

Training

All staff who routinely work with youths are trained in the identification and management of suicidal youth. The initial training will be a minimum of eight (8) hours and annual refresher training will be a minimum of two (2) hours. Response drills will be part of the training.

A staff member currently certified in first aid and cardiopulmonary resuscitation is always on duty at each facility.

Staff responsible for administering and interpreting the results of the MAYSI-2 receive training on using and interpreting the results of the screening.

Emergency Response Equipment

Ligature cut down tools, face masks and automatic electronic defibrillators will be readily accessible and their availability documented on a daily basis.

Communication

Staff will communicate with transporting personnel to determine relevant information regarding the youth's condition and history.

Staff will share information necessary to keep a youth safe with other staff and youths.

Intake Screening

All youths are administered a screening instrument to determine their risk of suicide within twenty-four (24) hours of admission to a facility.

- Youths are screened using the MAYSI-2 instrument. Other screening instruments to augment the use of the MAYSI-2 are allowed if requested by the facility and authorized by BJJ administration.
- Youths will remain in the line of sight of staff until the MAYSI-2 or other facility approved screening instrument for older youths is completed.
- Youths who exhibit suicide risk factors are placed on constant observation unless or until a lesser level of observation is approved by a mental health professional.
- If the screening instrument indicates no cautions or warnings, the youth may be placed on routine observation by a manager.

Initiating/Decreasing Levels of Observation

Any staff member may increase the level of observation of a youth based upon the presence of suicide risk factors.

- If the staff initiating a suicide watch is not a mental health professional, the youth is placed on constant observation until consultation with, or assessment by, a mental health professional has been completed and a lesser observation level approved.
- Youths exhibiting suicidal behavior must be assessed.
 - The assessment is performed by a licensed mental health professional or an individual possessing a bachelor level degree in a human service field.
 - If the assessment is not completed by a mental health professional, a mental health professional is consulted to determine the appropriate level of observation.
 - Only a mental health professional, after assessing the youth, may authorize a decrease in a youth's level of observation.
 - For youths who remain on constant or close observation following assessment, the youth is maintained on the level of observation assigned by mental health professional for a minimum of twenty-four (24) hours prior to any decrease.
- Youths on constant observation (level 3) must remain on this level for twenty-four (24) hours and then be moved to close observation level (level 2) for at least 24 hours prior to being placed on routine observation (level 1).

Programming/Housing

Decisions regarding the management of suicidal youths are based solely on the individual's level of risk.

- Treatment programming and regular privileges (showers, telephone, visits, and recreation) should continue to be

commensurate with the youth's security level, with appropriate supervision by staff.

- Any room used to house a suicidal youth is fully visible to staff and as suicide resistant as possible.
- Youths isolated from the general population are regularly assessed by medical and mental health professionals.

Clothing

Removal of a youth's clothing (excluding belts and shoelaces) is avoided whenever possible and only used when the youth is engaging in self-destructive behavior.

If clothing is removed, a safety smock or other suicide resistant protective clothing is provided.

Mechanical Restraints

Mechanical restraints are only used as a last resort when the youth is physically engaging in self-destructive behavior and only to the extent that the youth continues to be a threat to him/her self.

If consultation with a psychiatrist or physician is not possible, approval for the mechanical restraint must be obtained from a psychiatrist, physician or the facility/center director or designee.

Monitoring of Youth

A youth in constant observation status must remain within the line of sight of staff at all times.

Electronic monitoring (e.g. closed circuit television) may supplement, but is not a substitute, for the monitoring requirements of this policy.

Staff record the time, behavioral observations, and their signature/initials on a facility approved form at the following intervals:

- Constant observation - No more than every five (5) minutes.
- Close observation - No more than every fifteen (15) minutes.

Follow-up

Youths discharged from suicide precautions (constant or close observation level) receive documented regularly scheduled follow-up assessments by a mental health professional for the duration of their stay at the facility.

Unless the youth's treatment plan specifies otherwise, this reassessment will be:

- Daily for the first five (5) days.
- Weekly for the following month.
- Monthly thereafter.

AUTHORITY

Public Health Code, MCL 333.16101 et seq.

Social Welfare Act, MCL 400.115a(1)(l)